

Limousine Chauffeur Permits

Georgia Department of Driver Services Regulatory Compliance Division

November 12, 2009



Regulatory Compliance Division

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Regulatory Compliance Division Management Team



- Mike Mitchell, Division Director
- Kecia Bivins, Regulatory Manager
- Jodie L. McLeod, Compliance Manager

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Program Areas



The Georgia Department of Driver Services (DDS) is the agency statutorily responsible for administering the following programs:

- DUI Alcohol or Drug Use Risk Reduction
- Ignition Interlock
- Driver Training
- Third Party Testing
- Driver Improvement
- Alcohol and Drug Awareness
- Limousine Chauffeur Permits

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Regulatory Compliance Division Program Assistant



Teresa Galbreath

tgalbreath@dds.ga.gov

678-413-8474

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Chauffeur Application Requirements

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Chauffeur Requirements



Applicants must meet the following requirements to obtain Chauffeur Permits:

- Be at least18 years of age
- Possess a valid Georgia Driver's License
- Submit an Authorization Letter from a Limo Carrier certified by the Public Service Commission
- Pass Background Check
- Submit 2 2x2 photos
- Remit a \$15 application fee

Permit is valid for a 4 year term.

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New and Improved Applications

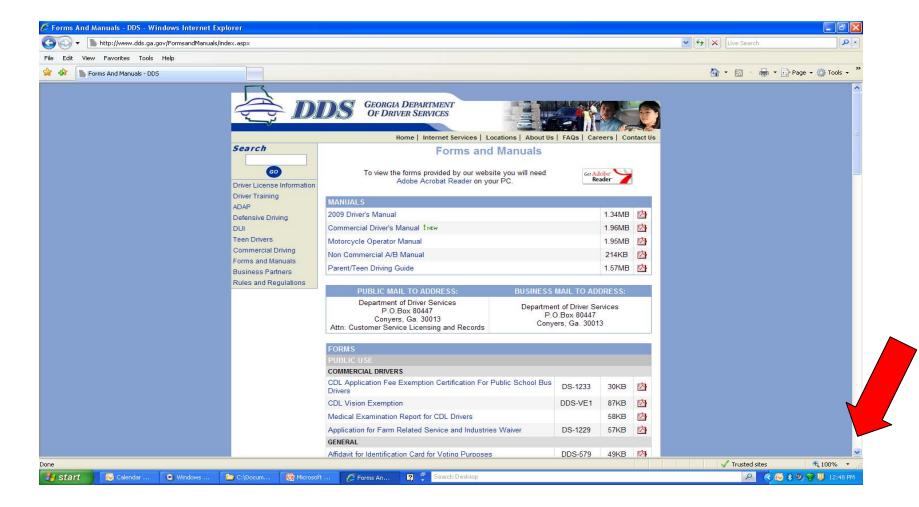
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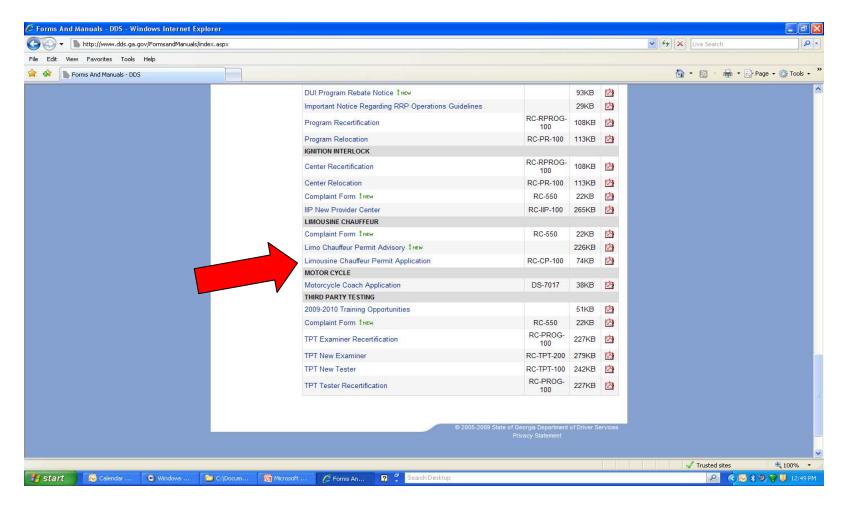
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	PLEASE READ CAREFULLY, AS T	HE APPLICATION HAS BEEN RE	CENTLY REVISED
	applicants must sign the statement of completic	on at the bottom of this page and inclu	ude with the application.
☐ Ap	plicants must drive for a Limousine Company the mmission.	hat holds a Limousine Carrier Certific	eate from the Public Service
☐ Ap	authorization letter from the Limousine Compa plicants must submit a \$ 15.00 cashier's check of RVICES. PERSONAL OR COMPANY CHI	or money order made payable to DEP	ARTMENT OF DRIVER
☐ At	nd (2) 2" X 2" color photos. ach a copy of your valid Georgia Driver's Li		
	n consent for background check and have it NO mplete, sign and have the LIMOUSINE CHAU		
	STATEM	MENT OF COMPLETION	
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SECTION 1: Applicant Information					
Last Name		First Name	Middle Name	Suffix	
Date of Birth		Driver's License #	State	Social Security #	
Home Address		City	State	Zip Code	
Mailing Address	Same as above	City	State	Zip Code	
Limousine Company			Company phone		
Company Address		City	State	Zip Code	
2.1 Are you a United Yes No 2.1.1 If	you answered "No" to que Yes \(\sum \) No proof of citizenship or la	Company Email Address Itions estion 2.1, are you legally present in muful presence may be required.	Applicant Email Adds the United States?	icss	
SECTION 2: 2.1 Are you a United Yes No 2.1.1 If your selection of the sele	States citizen? You answered "No" to que Yes \(\sum \) No Proof of citizenship or la Criminal History	estion 2.1, are you legally present in	the United States?	icss	
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SECTION 2: 2.1 Are you a United Yes No 2.1.1 If NOTE: Acceptable, SECTION 3: 3.1 Have you ever be Yes No 3.1.1 If you Charge Charge 3.2 Are you currently Yes No	States citizen? you answered "No" to que Yes No No Proof of citizenship or la Criminal History—en convicted of or plead answered "Yes" to quest State and County State and County on probation for any cri	estion 2.1, are you legally present in mful presence may be required. guilty or nolo contendere to any crir ion 3.1, please give the nature of the	the United States? ne? conviction in the area belong to be part of the part		
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3.3 Are there an	y criminal charges currentl No	y pending against you?				
3.3.1 If you	answered "Yes" to question	on 3.3, please provide the natu	ire of the charges	below.		
Charge	State and County			Date		
Charge	State and County			Date		
3.4 Have you re	ceived a pardon for any of	the offenses listed above?				
		on 3.4, please attach copy of t	he pardon.			
J.4.1 11 you	and the to question		ne pardon.			
SECTION	4: Driving History					
4.1 Do you curr	ently possess a valid driver	's license'?				
9 1-3			the state that issue	ed it to you, a	nd the month, date, and	I vear it
9 1-3		your driver's license number,	the state that issue	ed it to you, a	nd the month, date, and	I year it
4.2 In the area p expires.			the state that issue	ed it to you, a	nd the month, date, and	I year it
4.2 In the area p expires.	rovided below, please list y	your driver's license number,	the state that issue	ed it to you, a		l year it
4.2 In the area p expires. Drive	r's License Number r's license or driving privil	your driver's license number,			Expiration Date	
4.2 In the area p expires. Drive 4.3 Is your drive Yes	rovided below, please list y r's License Number r's license or driving privil	State State State State State	pended, or revoke	d in this state	Expiration Date	
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4.6 Please list you	r complete driver's history for the	previous five (5) years, inclu	ding pleas of nolo contendere.	
Offense	State and County	Date	Disposition	
Offense	State and County	Date	Disposition	
Offense	State and County	Date	Disposition	
Offense	State and County	Date	Disposition	
4.7 Are there any t ☐ Yes ☐ N	raffic charges currently pending ag	ainst you?		
SECTION 5:	Applicant Affirmation			
Under penalty of la	aw. I do hereby swear or affirm tha	t all the information that I h	ave provided herein is complete and accurate.	
27 C-56 - 45 - 35 BAY	49 - 10 - 100 10 10 - 10 - 10 - 10 - 10 -			
I will retrain from	abusing alcohol or other drugs, or	from using megai drugs.		
	th t- DDS			
I hereby authorize Permits. I unders	the release to DDS of any informa- tand that this information will be	ation necessary for the deter	mination of my application for Limousine Chauffe of processing my application. Photocopies of the	eur nis
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Consent for Background



	ance Division, 2206 East \ ENT FOR BACKGROUI		
OFFICE USE ONLY FILE NUMBER: OFFICE USE ONLY	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND DRIVER'S HIST P F CRIMINAL HIST P F	OFFICE USE ONLY
	APPLICATION TO THE PERSON OF T		
□ DUI Risk Reduction	APPLICANT TYPE: (OFFICE	USE ONLY)	□ Instructor
☐ DUI Risk Reduction ☐ Driver Improvement	☐ Owner	□ Instructor	LI IIISTRUCTOF
☐ Driver Improvement	□ Owner	□ Instructor	
☐ Third Party	□ Tester	☐ Examiner	
☐ Ignition Interlock	☐ Owner/Operator		
☐ Chauffeur			
st Name	First Name	Middle	Date of Birth (MM/DD/YYYY)
ver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
rrent Street Address		City and State	Zip Code
you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
mpany			Phone Number
dress		City and State	Zip Code
on coo		5, 010 0100	
ave you been convicted of, plead guilty to,	plead noto contendere to, served time, or	been on probation or parole for a	ny crime ☐ Yes ☐ No
nether felony or misdemeanor, in this state			□ Yes □ No
you have a charge(s) or court hearing pe			⊔ res ⊔ No
you are now charged, under indictment, or	have court hearings pending for any char	ges, give details below:	
hereby apply for Certification(s) to DDS). I understand that my crimin- he DDS to conduct whatever invest- alse, misleading, or incomplete in ancellation, suspension, or revoca to hereby swear or affirm that the herewith, are complete, true and co	al history, driver's history, and legigations necessary to determine r formation in my application or c tion, as well as possible criminal information contained within this	gal presence will be checke ny eligibility to hold such a on this Consent Form may prosecution and civil action	ed. I hereby give consent for certificate. I understand that r result in certificate denial, n. Under penalty of perjury, I
Signature	THIS CONSENT FORM MUST		Pate
Subscribed to and sworn before me			SEAL OR STAMP
	Date		
Notary Signature			
Notary Signature My commission expires:			

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New and Improved Permit

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Current Limousine Chauffeur Permit



GEORGIA DEPARTMENT OF DRIVER SERVICES LIMOUSINE CHAUFFEUR PERMIT

PERMIT NO.:

CP00000

NAME:

IMA, GEORGIA

DOB:

12/31/1968

ISSUED:

8/4/2009

EXPIRES: 8/4/2013

COMMISSIONER

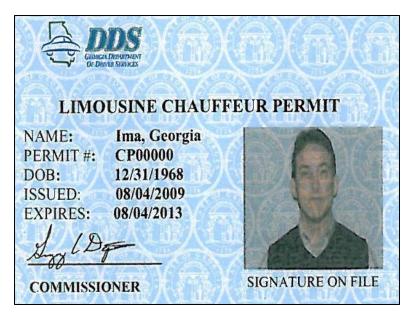


SIGNATURE ON FILE SIGNATURE

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Front

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Future Limousine Chauffeur Permit



To verify the authenticity of this permit, please contact DDS Monday - Friday from 8a.m. - 5 p.m.:

Georgia Department of Driver Services
Regulatory Compliance Division
2206 East View Parkway
Conyers. GA 30013
678.413.8474

If this permit is found, please mail to the address above.

Reverse

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Approval Letter





Georgia Department of Driver Services

Regulatory Compliance Division · 2206 East View Parkway · Convers, Georgia 30013 · 678.413.8745

Date

Congratulations, your application for Limousine Chauffeur Permit has been approved. The enclosed Permit authorizes you to provide Chauffeur services in Georgia. Your Permit is valid for four (4) years or until it is revoked, suspended, or cancelled. Please review your Permit to ensure accuracy.

This Permit must be in your possession along with your valid driver's license while providing this service. Please visit our website at www.dds.ga.gov to download the Rules and Regulations which provide specific information about Limousine Chauffeur Program. Each carrier and/or chauffeur is responsible for knowing this material.

You must submit a new application 60 days prior to your expiration date. All applications can be downloaded from the Department of Driver Services' website: www.dds.ga.gov/FormsandManuals/index.aspx. Replacement or duplicate permits are \$15.

Please notify the Department in writing and provide supporting documentation if you have a change of address, name change, change in employment, or any other change that would affect the status of your Permit. If you have any questions, please contact Teresa Galbreath at 678-413-8474.

Georgia Ima 123 Anywhere Street Loganville, GA 30052

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Conversion



- Current version of the Permit is still valid
- Remain valid until it expires, is suspended, revoked, or canceled
- Receive new permit upon renewal
- Duplicates and Replacements are \$15 (mail/ walk-in)
- Expiration date remains the same on duplicates and replacements
- Completed applications must be submitted and approved to receive a permit with a new expiration date

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Communications Plan

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Communications Plan

We will disseminate information regarding the new permit in the following ways:

- DDS Brochure
- DDS Press Release
- Email notification to carriers (provided by PSC)
- Law Enforcement Outreach (GOHS Listserv)
- Blurb in Passenger Carriers Training (PSC)

- Advisory on DDS Website
- Advisory on PSC Website
- Advisory on GLA Website
- Advisory on Bulletin Boards at Airport and APD

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Implementation Date

January 4, 2010

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Notification of Former Chauffeurs

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- Notify us via fax, mail, or email
- Include their name, permit #, and effective date
- We will remove any reference to the Carrier from our database
- Permit remains valid until suspended, revoked, cancelled, or expires

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Upcoming Initiatives

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Issues:

- Consents are processed in Legal and Investigative Services Unit
- 6-8 week backlog
- Delay in hiring chauffeurs
- Impact to business revenue

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Solution:

- Process Consents in Regulatory Compliance
- 2 week processing time
- Minimal delay in hiring chauffeurs
- Positive impact to business revenue

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GAPS Applicant Fingerprinting

- Effective January 1, 2009, the Georgia Bureau of Investigation no longer accepts or processes inked fingerprints (cards) for non-criminal justice applicant background investigations.
- Applicants that are interested in becoming a program owner, director, instructor, third-party tester, or limousine chauffeur must submit fingerprints electronically.
- DDS is currently utilizing the Georgia Applicant Processing System (GAPS): http://www.ga.cogentid.com/index.htm
- Information related to the GAPS process is posted on the DDS website, <u>www.dds.ga.gov</u>, and on RCD applications.
- Effective July 1, 2009, GAPS fee for a Georgia only search increased to \$33.65. The GAPS fee for a Georgia and FBI search increased to \$52.90.

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Fees



- \$15 Application fee
- \$33.95 GAPS fee
- \$48.95 Total expense

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Cancellation of Permits

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Chauffeur Cancellations



- DDS will run a monthly query of MVRs
- If a DL is or has been suspended since permit was issued, we will cancel the Chauffeur Permit
- Mail Chauffeur a cancellation notice to the address we have on file
- Notice will provide instructions on how to surrender their Permit to DDS
- Notify the Limousine Carrier via email (if one is listed on our database)

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Implementation Date

Summer 2010

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DDS Furloughs

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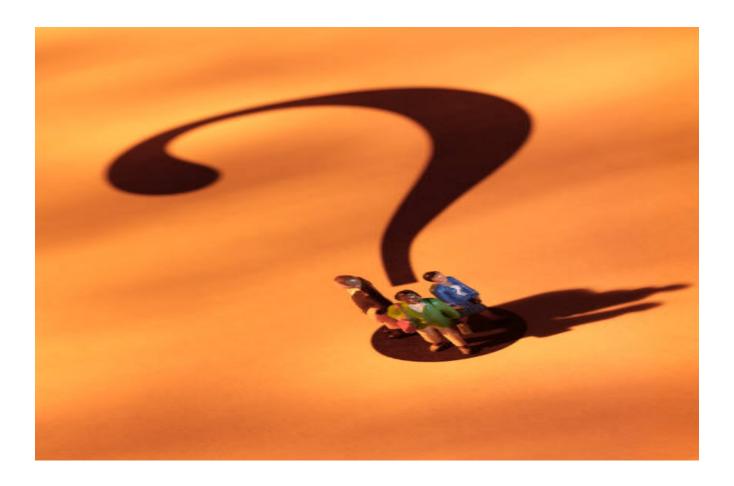


- Thursday, November 19, 2009
- Friday, December 18, 2009
 OR
 Monday, December 28, 2009
- Thursday, January 28, 2010

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Questions





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